

Classification

REPORTS INVENTORY						CONTROL NO.	
*PREPARE IN DUPLICATE 1. TITLE OF REPORT (if a fill-in report include Form No.) ADP Management						DDS/IPC-07 2. TYPE OF REPORT <input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL	<input checked="" type="checkbox"/> LOGISTICS	<input checked="" type="checkbox"/> TRAINING	<input checked="" type="checkbox"/> COMMAND	ADMIN. GENERAL OTHER (specify) ADP	
4. NO. OF COPIES PREPARED		<input checked="" type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> FINANCE	6. DISTRIBUTION (No. of components not number of copies)			
2		5. FREQUENCY (weekly, monthly, quarterly, etc.)			2 - OPPB		
7. FORMAT (memorandum, form computer print-out, etc.)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		<input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO			BOB Circular No. A-79		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Directorate				Received from 7 DD/S Directorates, worked, consolidated, and fed to OPPB			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
13	9.40		24		\$225.60		2 \$451.20
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
BOB Requirement - May 1967							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) N/A	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
9-24-70							

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